



CHILDREN'S ADMINISTRATION
FOSTER HOME REASSESSMENT

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| LOCAL OFFICE NAME | FULL CASE NUMBER |
| FAMILY NAME ON LICENSE | TELEPHONE NUMBER |

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| ADDRESS/DIRECTIONS |
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PURPOSE

This form is used in lieu of the initial Foster Family Assessment form and is intended to serve as a means to provide a simple update to that form and to reflect the experience which workers have had in making placements in the home during the licensing period.

USE

The Foster Home Reassessment (DSHS 10-050) is to be used in relicensing foster family homes. It is used in conjunction with the Home Inspection Checklist for Foster Family Care Licensing (DSHS 10-183) and the Licensing File Checklist (DSHS 10-182) (except that references and statements provided at initial licensing will not have to be provided again.)

Section A. Current License

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|----------------------|--------------------|-----|-----|
| DATE LICENSE EXPIRES | NUMBER OF CHILDREN | AGE | SEX |
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Has there been any changes in the following factors:

Family composition _____ ☐ YES ☐ NO

Family economy, including employment _____ ☐ YES ☐ NO

Physical aspects of the foster home _____ ☐ YES ☐ NO

Health of family members _____ ☐ YES ☐ NO

Behavior of family members _____ ☐ YES ☐ NO

Have there been foster child placement in the home _____ ☐ YES ☐ NO

Are there foster children in the home at this time _____ ☐ YES ☐ NO

If yes, number _____ and ages _____

Comments or explanation of changes:

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Evaluation of Foster Parents:

- Are they able to use the agency appropriately _____ ☐ YES ☐ NO
- Are they capable and consistent in handling the child's behavior _____ ☐ YES ☐ NO
- Are they able to communicate with the worker _____ ☐ YES ☐ NO
- Do they relate positively to the child _____ ☐ YES ☐ NO
- Do they incorporate the child into their family _____ ☐ YES ☐ NO
- Do they individualize the needs of the child _____ ☐ YES ☐ NO
- Do they meet the child's emotional needs _____ ☐ YES ☐ NO
- Do they meet the child's physical needs, including medical and dental care _____ ☐ YES ☐ NO
- Do they meet the child's social needs _____ ☐ YES ☐ NO
- Do they extend themselves for the child _____ ☐ YES ☐ NO
- Are they honest with the worker about what is happening with the child _____ ☐ YES ☐ NO
- Do they allow the child a relationship with the worker _____ ☐ YES ☐ NO
- Do they allow the child a relationship with the natural parents _____ ☐ YES ☐ NO
- Do they report changes, injuries, unauthorized absences, etc. as required by WAC _____ ☐ YES ☐ NO
- Have they been able to work constructively in behalf of the child with schools, neighbors, doctors, etc. _____ ☐ YES ☐ NO
- Have they respected child/family's right to confidentiality _____ ☐ YES ☐ NO

If the situation warrants, explain specific problems more fully:

Have there been any CPS or licensing violation complaints?

a. If so, were the complaints investigated and what were the outcome?

b. If complaints were not investigated, why not?

What are the strengths and potential of this home? (Include type of child or problem which FH can best accept and help)

What are the limitations of this home? (Include type of child or problem which FH can least accept or help)

Services Desired/Help Needed by the Foster Parents:

Has foster parent attended Fosterparentscape or PRIDE? ☐ YES ☐ NO

If not, has attendance been discussed? ☐ YES ☐ NO

Suggestions for future use: (or discontinuance of use, when appropriate)
(Are there any changes in types and ages of children preferred and recommended?)

Evaluation of Family: (licensing decisions, waivers, if any, restrictions)

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| DATE OF COMPLETION |
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